

10/534960

MULTIPLE DEPENDENCY CLAIMS
FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
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11						
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15						
16	1		1			
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25	1		1			
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33	1		1			
34		1		1		
35	1		1			
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49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		30	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←			←		←
TOTAL CLAIMS						